DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/12/2012 FORM APPROVED OMB NO. 0938-0391

| INTITUDE OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR PROPER OR SUPPLIER MILLER'S MERRY MANOR PROFIDER OR SUPPLIER MEACH DEPARTMENT OF DEFICIENCIES SUPPLIER MERCHAPPEN OR SUPPLIER OR SUPPLIER CONTROL OF DEFICIENCIES SUPPLIER CONTROL OF DEFICIENCY MUST BE PREFEREDED BY FULL PROFIDER OF THE APPROPRIATE OF T | STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 | | | (X3) DATE SURVEY COMPLETED | |
|--|--|--|---|--|---|--------------------|---|--|
| MALLER'S MERRY MANOR STREET ADDRESS, CITY, STATE, ZIP CODE 300 N WASHINGTON ST 200 | | | 155582 | B. WIN | IG | | | |
| PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG CROSS REFERENCES TO THE APPROPRIATE CANSS REFERENCES TO THE APPROPRIATE | NAME OF PROVIDER OR SUPPLIER | | | | 3 | 00 N WASHINGTON ST | , | |
| A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted 05/22/12 and a Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 07/10/12 Facility Number: 000521 Provider Number: 155582 AIM Number: 100266980 Surveyor: Robert Booher, Life Safety Code Specialist At this Life Safety Code survey, Miller's Merry Manor was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and battery operated smoke detectors in all but one of the resident rooms which has a hard wired smoke detector in it. The facility has a capacity of 133 and had a census of 121 at the time of this survey. The facility was found in compliance with state law in regard to sprinkler coverage and smoke | PREFIX | (EACH DEFICIENCY MUST BE PRECEDED BY FULL | | PREF | PREFIX (EACH CORRECTIVE ACT TAG CROSS-REFERENCED TO | | TION SHOULD BE COMPLETION THE APPROPRIATE | |
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 | | (X3) DATE SURVEY COMPLETED | | |
|--|--|---|---------------------|---|---|---|--------|--|
| | | 155582 | B. WING | | | R 07/10/2012 | | |
| NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR | | | | 3 | REET ADDRESS, CITY, STATE, ZIP CODE 500 N WASHINGTON ST VAKARUSA, IN 46573 | | 0/2012 | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFIX TAG | | PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRINTED DEFICIENCY) | ECTIVE ACTION SHOULD BE ENCED TO THE APPROPRIATE | | |
| {K 000} | detector coverage. All areas where resid were sprinklered. The buildings, a pole barn maintenance plus two equipment, providing were not sprinklered. | ents have customary access e facility had three detached for storage and o wood sheds for storing facility services and they ennis Austill, Life Safety | {K (| 000} | | | | |